



SCHOOL NURSE UPDATE

www.health.mo.gov/living/families/schoolhealth/

School Nurses
THE HEART OF SCHOOL
HEALTH SERVICES

Missouri Department of Health and Senior Services

E-mail: shs@health.mo.gov

Phone: 573-751-6213

Spring 2013

Spring Reminders

Health Promotion Topics

Chronic Disease Topics

Emergency Response Topics

Injury Prevention Topics

Trainings/Conferences

REMINDER – RENEW YOUR LICENSE THIS SPRING

RN licenses expire on 4-30-2013. Please check your license. Your Missouri license must be current to practice nursing in the State of Missouri. Please contact the Board office at 573-751-0681 as soon as possible for additional renewal information.

LPN licenses expire on 5-31 of each even-numbered year. Please check your license. Your Missouri license must be current to practice nursing in the State of Missouri. Please contact the Board office at 573-751-0681 as soon as possible for additional renewal information. The form to renew an expired Missouri license can be found by clicking [here](#).

February National Health Observances:

[National Children's Dental Health Month](#) – American Dental Association

[American Heart Month](#) – American Heart Association

[AMD/Low Vision Awareness Month](#) – Prevent Blindness America

March National Health Observances:

[Red Cross Month](#) – American Red Cross

[National Nutrition Month](#) – Academy of Nutrition and Dietetics

April National Health Observances:

[Stress Awareness Month](#) – The Health Resource Network

[Sexual Assault Awareness Month](#) – National Sexual Violence Resource Center

[National Walking Day](#) – April 3 – American Heart Association

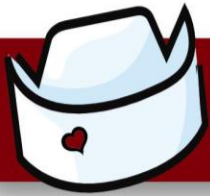
[World Health Day](#) – April 7 – World Health Organization

Integrated Pest Management in Schools: Basics for Winter Webinar

The **Integrated Pest Management (IPM) in Schools: Basics for Winter** webinar was held on November 28, 2012, and provided guidance on how schools and districts can keep occupants safe this winter by practicing seasonal tips to effectively control indoor pests.

<http://echo4.bluehornet.com/ct/19170311:21594308626:m:1:1485581836:2B7B52CA38EBAE560BAB9506589674EF:r>





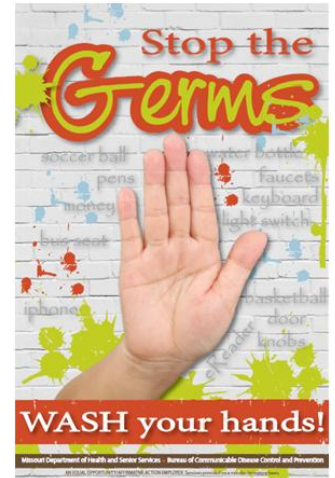
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HEALTH PROMOTION TOPICS

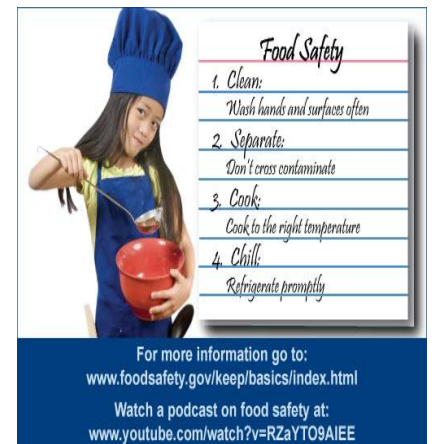
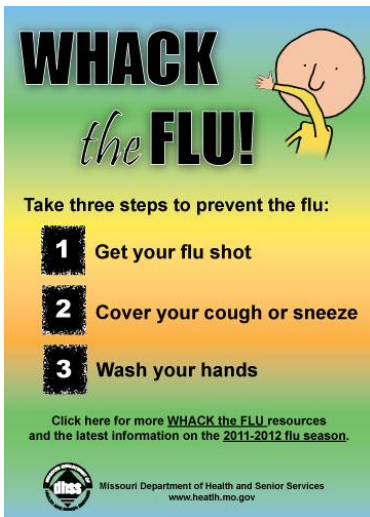
Stop the Germs! - New

An average adult can touch as many as 30 objects within a minute, including germ-harboring, high-traffic surfaces such as light switches, doorknobs, phone receivers, and remote controls. A recent study in the Journal of Medical Virology reported that cold and flu viruses can survive for 18 hours on hard surfaces. The Missouri Department of Health and Senior Services (DHSS), Bureau of Communicable Disease Control and Prevention has a poster available that teaches about these unseen bacteria breeding grounds. The laminated 11 X 17 poster is titled *Stop the Germs – Wash Your Hands* (stock number #8). The poster suggests that items such as student water bottles, keyboards, pens, soap dispensers, sports equipment – all likely harbor germs that can cause colds and flu in your classrooms. Use this [order form](#) to fax to the DHSS warehouse at 573-751-1574 to receive one copy of the poster. For more information contact Lesha.Peterson@health.mo.gov.



Send a Health Message with an E-card

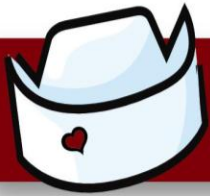
Have you sent out a DHSS electronic health postcard recently? Listed on the DHSS website as **e-cards** – they are a fun way to send out health messages to parents, staff, and students at your school in the click of a button. All you need is an email address. You can send them with a personalized health message directly to cell phones or personal computers and to individuals or group distribution lists. New topics include immunization guidelines for kindergartners and 8th graders, the Flu IQ, preventing birth defects, and food safety holiday tips. Check them out at <http://health.mo.gov/ecard/index.php/>. If you have a suggestion for an additional e-card topic please email Alyce Turner, Bureau of Communicable Disease Control and Prevention at Alyce.Turner@health.mo.gov.



Food Power - A Fun Nutrition Education Exhibit

Looking for a fun and interactive way to reinforce the importance of healthy eating and physical activity? Consider scheduling the University of Missouri Extension's Food Power Adventure. Food Power Adventure is an interactive exhibit for K-5th grade students that takes children to the farm and into the human body. Students will learn where food comes from and how it gives them the energy to grow and play. Bringing Food Power to your school costs \$175-\$200. For additional information about the Food Power program go to: <http://extension.missouri.edu/hes/foodpower/>. To schedule Food Power at your school, contact your local University of Missouri nutrition representative.





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Benefits of Incorporating Physical Activity into Your Meetings

Do you ever watch participants in a meeting and see that they are not paying attention to what is being said? Do they look tired and worn out? Have they been sitting for a couple of hours without having a stretch break? If so, it means that the participants are losing their focus and need to get up and move around. Incorporating physical activity into your meetings is a very easy thing to do. Adding a few minutes of physical activity into your meetings helps presenters and participants stay energized and more productive. Physical activity breaks can be used at any point during a meeting. They can range from just a few minutes to ten minutes-depending on the length of the meeting. Always remember to make sure your activities provide a safe, comfortable and fun environment for all of the participants.

Below are three reasons to plan some physical activity into your next meeting:

1. **Meet Smarter: Maximize brain power for learning.** Physical activity is good for both your brain and your body. Adding a few physical activity breaks into a meeting can help your participants stay focused and maximize their opportunities to absorb the subject you are discussing.
2. **Blend Fun and Fitness: Showcase the benefits of physical activity.** An important part of teaching about healthy lifestyles is to motivate people to start moving and to keep moving. Several fun activities throughout the meeting can go a long way in demonstrating the power and ease of enjoyable physical activity.
3. **Lead by example: Be a role model for lifelong healthy habits.** People of all ages always watch to see if their educators lead by example. Modeling healthy habits is a great way to enjoy some activity together.

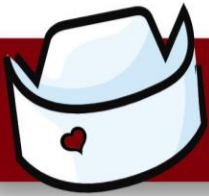
There are three different types of activities that you may use to get participants up and moving and ready to learn. They are: *Icebreakers, Activity Breaks and Energizers*

- **Ice breakers** (or structured warm-up activities) are used at the beginning of your meetings to actively involve your learners with the material and with each other. They increase the learners' energy levels and help to begin to build the group. Icebreakers help level the playing field by getting people to do the same thing, create interest and give an early introduction to key ideas or skills that will be developed later.
- **Activity Breaks** that offer physical activity are great ways to keep people engaged and motivated with the meeting content. They also provide stress relief.
- **Energizers** are fun activities that get participants up, out of their chairs and moving around for 1-2 minutes before getting back to work. You can use them in transition times or to break up a long session.

Icebreaker-“The Name Game”

This game can get everyone involved and helps to provide a fun, active way to remember the group members' names.

- Ask each member to think of an action that starts with the first letter of their first name. Examples include: “Dancing Diana”, “Jumping Jim” or “Skating Susie”. The person performs the action and states their action name.
- The group then does the action and states the action name. Continue until every member has an opportunity to say their name.
- If someone states they cannot think of anything, either come back to them at the end or ask the group members to brainstorm some activity to match their first name.



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Variation: The group can stand in a large circle and each member introduces themselves by their first name and then state an activity they like to do. Everyone in the group says hello and does the activity. Example: “My name is Bob and I like to box” (member would make punching moves). The group would then say, “Hello Bob, we like to box too” and repeat the activity.

Activity Break- “Wiggles”

- Have participants stand up and start by marching in place.
- Explain that as you introduce a body part, they should move/wiggle that body part in addition to the part(s) that have been called out before.
- Start with fingers and work your way down the body or start with toes and work your way up the body.
 - begin to wiggle your fingers
 - then your fingers and wrists
 - then your fingers, wrists and forearms
 - then your fingers, wrists, forearms and elbows
 - then your fingers, wrists, forearms, elbows and shoulders
 - then your fingers, wrists, forearms, elbows, shoulders and rib cage
 - then your fingers, wrists, forearms, elbows, shoulders, rib cage and hips
 - then your fingers, wrists, forearms, elbows, shoulders, rib cage, hips and knees
 - then your fingers, wrists, forearms, elbows, shoulders, rib cage, hips, knees and head

Source: Adapted with permission from the North Carolina Department of Public Instruction (www.ncpe4me.com)

Air Writing

- Have participants begin by marching in place
- Ask them to write their names in the air using the following parts of their body:
 - right finger • left finger • right elbow • left elbow • right foot (big toe)
 - left foot (big toe) • right shoulder • left shoulder • nose • belly button
- Have participants draw objects or shapes after they spell their names

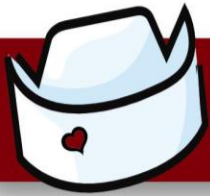
Source: Adapted with permission from the North Carolina Department of Public Instruction (www.ncpe4me.com)

Energizer-“Animal Roundup”

- Ask group members to silently think of their favorite animal.
- Tell group members that without talking, they need to arrange themselves from largest to smallest animals.
- Group members can only make gestures and the noise of their animal.
- After they have finished, have group members go around and say the animal they were supposed to be to see if it was accurate.

Exercise Boosts School Performance for Kids with ADHD

A few minutes of exercise a day can improve school performance for children with attention-deficit/hyperactivity disorder (ADHD). The findings of a recent study show that a single session of exercise can help children with ADHD ignore distractions and focus on an assigned task. The findings support calls for schools to provide students with more physical activity during the school day and suggest that exercise could provide an alternative to drug treatment. [http://www.jpeds.com/article/S0022-3476\(12\)00994-8/abstract](http://www.jpeds.com/article/S0022-3476(12)00994-8/abstract)



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Fluoride Education and Services

Community water fluoridation has been in the news recently in many Missouri communities. The DHSS recognizes that school nurses receive questions about a variety of topics such as fluoridation from the members of their communities. For that reason, DHSS is offering school nurses the brochure titled “Healthy Teeth... Healthy Smiles and the Role Fluoride Plays” which answers basic questions about fluoride, the role fluoride plays in preventing tooth decay, and the cost effectiveness of community water fluoridation. To request fluoride education brochures for your school, please contact the Office of Primary Care and Rural Health at (573) 751-6219.

DHSS also offers a free community-based fluoride varnish program available to all children (infant to age 18) in the state. The Preventive Services Program (PSP) utilizes the services of volunteer dentists, hygienists, school nurses, and parents working together to implement its four components – surveillance/screening, education, prevention, and referral. The intent of PSP is to provide educational and preventive dental services to children, provide referrals for immediate/emergency dental care, and provide an evaluation of the state of oral health/disease in the community’s target population. The PSP is managed by the Oral Health Program through five regional Oral Health Consultants (Registered Dental Hygienists) whose role is to provide assistance in setting up the program within the community.

Children who participate in PSP receive an annual oral screening from a local, volunteer dentist or dental hygienist, an oral health note indicating the need for dental treatment, an application of fluoride varnish twice per school year, and oral health education. They also receive a toothbrush, toothpaste, floss, and educational brochures.

School nurses continue to improve the oral health of Missouri’s children one smile at a time. During the 2011-2012 school year, PSP served over 63,800 children in Missouri. Please consider participating in PSP to improve the oral health of your students. DHSS thanks Missouri’s school nurses for continued contributions to oral health and support of PSP.

For more information on PSP, including testimonials from participating school nurses, K-12 oral health curriculum, and other useful information, visit <http://health.mo.gov/blogs/psp/>.

Fit Healthy and Ready to Learn (New Editions) (NSBA)

Policies to Promote Physical Education, Physical Activity, and Health Eating

<http://nasbe.org/project/obesity-prevention/fit-healthy-ready-to-learn-updated-release/>

2012 Shape of the Nation Report: Status of Physical Education in the USA (AAPHERD)

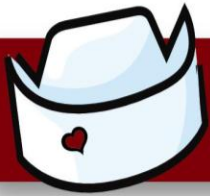
<http://www.aahperd.org/naspe/publications/Shapeofthenation.cfm?cid=00007>

Parent Engagement: Strategies for Involving Parents in School Health (CDC)

http://www.cdc.gov/healthyyouth/AdolescentHealth/pdf/parent_engagement_strategies.pdf

Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories

<http://www.healthinschools.org/School-Based-Mental-Health/Sustaining-School-Mental-Health-Services.aspx>



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CHRONIC DISEASE TOPICS

Directly Observed Therapy (DOT) in Tuberculosis Treatment, By Traci Hadley, RN, BSN

When an individual is diagnosed with active tuberculosis (TB) disease they should be educated about TB, the dosing of medications, the possible adverse reactions of the medications, and the importance of taking their medication.

Directly observed therapy (DOT) should be considered for all individuals diagnosed with active TB disease because it is impossible to predict which patients will adhere to medication regimens on their own. DOT is the most effective method used to ensure that an individual with TB disease adheres to their treatment regimen. DOT means that a medical provider or trained person observes the patient swallow each dose of their prescribed TB medications. A physician's order is not required to administer medications by DOT. DOT also allows monitoring of TB patients for adverse side effects to their TB medications.

According to the Centers for Disease Control and Prevention (CDC) *Core Curriculum on Tuberculosis: What the Clinician Should Know* (Fourth Edition, 2000), DOT has been shown to be cost-effective when intermittent regimens are used. Furthermore, DOT can significantly reduce the frequency of the development of drug resistance and of treatment failure or relapse after the end of treatment. Nearly all treatment regimens for drug-susceptible TB can be given intermittently if they are directly observed; using intermittent regimens reduces the total number of doses a patient must take, as well as the total number of encounters with the health care provider or outreach worker, making these regimens more cost-effective. Multi-drug resistant (MDR) TB should always be treated with a daily regimen and under DOT. There are no intermittent regimens for treatment of MDR TB.

When providing DOT it is important that the patient and the medical provider or other trained person discuss DOT. On occasion, there may be a student that is being treated for active TB or latent tuberculosis infection. When this occurs, the local health department nurse may call the local school nurse to assist with providing DOT to the student. This is a benefit to the student and their family because the student can be closely monitored by the school nurse, it keeps the student from missing excessive time away from school, and also keeps the family from having to miss work to take the student to the local health department for DOT. We have had several school nurses in Missouri that have been asked to assist with providing DOT to their students and I would like to thank them for their assistance. If you should be called by your local health department to assist with providing DOT, or if you have questions regarding TB, please call me, or the TB Control Program, DHSS, at 573-751-6113. You may also email me at Traci.Hadley@health.mo.gov or TBProgram@health.mo.gov.

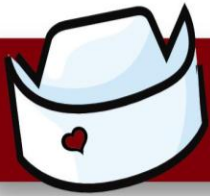
Asthma and Physical Activity in Schools (Newly revised in 2012!)

This easy-to-read booklet is perfect for teachers, coaches, and families who want to help students with asthma take part in sports and physical activities. The booklet discusses how to help students control their asthma and follow an asthma action plan. It explains how to manage asthma triggers, ensure students have access to their asthma medicines, recognize worsening asthma symptoms, take action, and modify activities based on a child's asthma status. The booklet includes sample asthma action plans and information about using a peak flow meter, metered-dose inhaler, and dry powder inhaler.

http://www.nhlbi.nih.gov/health/public/lung/asthma/phy_asth.htm

Food Allergy Book: What Employees Need To Know

<http://www.fns.usda.gov/fns/safety/pdf/FoodAllergyBook.pdf>



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Asthma Sufferers Win Big in Missouri Legislature

*by Joy Krieger, Executive Director of the Asthma & Allergy Foundation of America, St. Louis Chapter
Reprinted with permission of the author*

It is truly fitting to have last year's passage of House Bill 1188 coincide with "Asthma Awareness Month" in May. Asthma is a treatable, manageable disease. Unfortunately, it is also the number one chronic childhood disease, the number one reason for school absenteeism, the number one reason children visit hospital emergency departments, and the number one reason for childhood hospitalizations. Life-saving medications and equipment are available to help control asthma, but children must have access to those medications and equipment.

The Asthma and Allergy Foundation of America, St. Louis Chapter (AAFA) serves those affected by asthma and allergies through education, support and medical resources. This organization is unique not only to St. Louis, but the entire country. No other organization provides the services that AAFA does in our community. Over the past several years, AAFA has partnered with school nurses throughout the community to provide nebulizers, bed encasings and other equipment to help children with asthma. Yet, the school nurse had to rely on parents to bring medications for their child—and monitor that medication for expiration. In addition, many nurses are the first health care professionals to recognize when a child is experiencing an asthma attack..

Now, thanks to the passage of House Bill 1188, school nurses and trained employees will be allowed to stock Albuterol as a rescue medication for any child experiencing an asthma attack. Just as a school nurse would use a defibrillator on a child whose heart has stopped, a school nurse can now administer Albuterol, the preferred asthma rescue medication, on a child having an asthma attack. The AAFA is pleased to provide support to school nurses for both equipment and training of other school personnel through our outreach and education programs. Our largest and most unique program, Project Concern, provides durable medical equipment and prescription assistance to children at or below 200 percent of the federal poverty level, ensuring that children have the prescriptions they need to manage their asthma.

HB 1188 was signed into law in July, 2012 by Gov. Nixon. Since then, we have been actively informing Lead Nurses in all school districts in the state of Missouri about the new law. Marge Cole, State School Nurse Consultant for Missouri has been instrumental in delivering the information to the school nurses. The AAFA STL has asked the nurses to keep a tracking system of the Albuterol used through the school year and report it quarterly to our office. We hope to have future financial support of this program with the outcome reporting. Please call or email our office for information regarding our programs. You may also find it available on our website: www.aafastl.org. There is a drop down bar for school nurses. We feel that nurses are well equipped to handle life threatening health emergencies with the availability of Epinephrine, Albuterol and defibrillators in the gymnasiums.

Contact information for the Asthma and Allergy, St Louis Chapter (AAFA) includes:

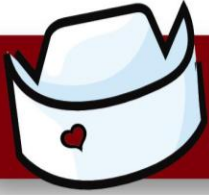
Website: <http://aafastl.org/>

Address: 1500 South Big Bend, Suite 1s St. Louis, Missouri 63117

Phone: 314.645.2422

Fax: 314.645.2022

Email: aafa@aafastl.org



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EMERGENCY RESPONSE TOPICS

Self-Deployment in a Disaster Situation–Why Not? *by Anne Meredith Kyle, BSN, RN*

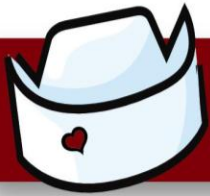
The purpose of the *Show-Me Response* database is to provide Missouri's emergency response system with a robust list of well-credentialed health professionals who are willing to respond quickly when volunteers are needed in an emergency. The state pool of unaffiliated volunteers will only deploy licensed health care professionals. The local Medical Reserve Corps (MRC) and other units in *Show-Me Response* can accept and deploy any type of volunteer that fits the unit mission. Calls to volunteers are based on requests from those managing the emergency at the local level when need has exhausted their resources. The request is made through the Local Emergency Operations Center (LEOC). From there it is sent to the State Emergency Operations Center (SEOC) and then on to the DHSS Department Situation Room (DSR). The *Show-Me Response* team queries the database for professionals meeting the criteria requested. The MRCs and other local units are requested through the LEOC. This organized approach fits the Incident Command System (ICS) structure, which is used in the management of emergencies.

Volunteers may be tracked from their arrival at the volunteer reception center through their deployment to their exit from the scene. There are many reasons for this, including the safety of volunteers and those affected by the disaster. This system also helps ensure that the appropriate types and numbers of volunteers are dispatched. An accurate accounting of volunteer hours is important when communities or agencies seek reimbursement after a disaster. For a basic understanding of the ICS structure, click on the *Recommended Training* link on the *Show-Me Response* website. These courses are provided free of charge and on-line. The link may be found at www.showmeresponse.org. Volunteer self deployment was clearly identified as an issue by the Federal Emergency Management Agency (FEMA) in its After Action Report on the Joplin tornado response in May 2011. The following are quotes from the FEMA report:

- *“The thousands of mutual aid responders and volunteers who self-dispatched to Joplin immediately after the tornado enabled Joplin to conduct response operations, but presented challenges for incident management.”*
- *“The very large amount of mutual aid benefitted Joplin response operations, but it presented several challenges as well. First, many responders self-dispatched to Joplin and began performing tasks without coordinating with local incident command. Second, some responders lacked the equipment and training to conduct operations, particularly search and rescue, safely and effectively.”*
- *“Freelancing by responders and volunteers also raised potential safety issues during search operations.”*

Fortunately, AmeriCorps was on the scene in Joplin and provided a valuable service in coordinating spontaneous volunteers. This took time and effort that could have been avoided had volunteers waited until being activated by a specific group, with a specific purpose and place to report for duty through the local incident command. Due to the coordination provided through AmeriCorps, some of the volunteer hours were accurately tracked, which enabled the city of Joplin to use the value of hours volunteered as local match for federal reimbursement through FEMA. This is important in obtaining reimbursement of local and state funds spent during the recovery effort. In contrast, the ICS and the *Show-Me Response* system already have the capacity to track volunteer time as well as to ensure safety of volunteers by knowing their assigned location during the disaster response. The ICS has been designated as the national model to use for management of a disaster response at all levels and from all aspects, including safety, financial, logistics, and operations because it is proven to be efficient and effective.

For more information about *Show-Me Response* or to register, please visit www.showmeresponse.org. You may also contact the *Show-Me Response* Program Coordinator, Anne Kyle, by email at anne.kyle@health.mo.gov.



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INJURY PREVENTION TOPICS

NASBE Releases Essential School Safety Policy Guide

New Chapter of Fit, Healthy, and Ready to Learn Series Centered on Creating Safe School Environments

Arlington, VA — The National Association of State Boards of Education (NASBE) today released a new chapter in its acclaimed *Fit, Healthy, and Ready to Learn* series of policy guides that addresses safety and violence prevention in and around schools. Developed with the Centers for Disease Control and Prevention (CDC), the need for specific policies on these issues is omnipresent, as often seen in news stories from across the country.

While establishing “safe and healthy schools” is clearly a goal everyone can agree on, developing and implementing the policies and strategies needed to create these havens for learning has historically been more problematic. As covered in *Policies to Promote Safety and Prevent Violence*, these havens do not end at the school walls, but rightly extend to playgrounds, school buses, and walking routes.

“Research has been very clear that students cannot be expected to achieve in school if they are concerned for their safety in, around, or on their way to and from school,” said NASBE Executive Director Jim Kohlmoos. “A safe school environment means so many things, from eliminating material hazards to mitigating bullying. Developing policies that establish and maintain safe schools is essential to helping our students achieve success in academics and in life.”

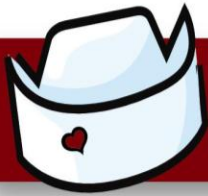
Policies to Promote Safety and Prevent Violence is a vital tool for education leaders and staff at every level, rich with recent scientific data, analysis, examples of state and local best practices, and evidence-based model policies that can be adapted by schools, districts, and states. The chapter covers a wide array of topics, including comprehensive planning, safety inspections and maintenance, school security, safe routes to school and driver education, anti-bullying strategies, health and safety education, and preventing athletic injuries.

Publication of *Fit, Healthy, and Ready to Learn* was made possible with support from the CDC. For more information about how to order this chapter and for downloads, go to www.nasbe.org/fhrtl.

Injury Prevention among Friends: The Benefits of School Connectedness

School connectedness is negatively associated with adolescents' own injury-risk behaviors. This research extends our knowledge of this critical protective factor, as it shows that students who are connected to school are also more likely to protect their friends from alcohol use, violence and unsafe road behaviors. School connectedness may therefore be an important factor to target in school-based prevention programmers, both to reduce adolescents' own injury-risk behavior and to increase injury prevention among friends. For the full abstract, [click here](#).





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Liquid Nicotine can Poison Kids

A KSDK Channel News Article and Video Segment out of St. Louis was featured on the Children Safety Network Newsletter in December. Use this link to view.

<http://ht.ly/ffPd9>

**Sign up for CSN
e-News**

Talking to Children about School Shootings/Violence

In the wake of the tragic shooting in Connecticut, many of you will be working with children and families who will have questions, concerns, and fears you need to deal with. And, it is important that you deal with these issues forthrightly and appropriately. ExchangeEveryDay has a list of resources and articles which you may refer to in guiding how to respond.

<http://www.childcareexchange.com/eed/view/3240/>

“Dating Matters” Resources from CDC

<http://www.cdc.gov/ViolencePrevention/DatingMatters/index.html>

StopBullying.Gov – [Website Updated](#)

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose.



New resource from the NEA Health Information Network focuses on Prescription Drug Abuse and Misuse

The [National Education Association Health Information Network](#) has released a new teaching resource, [Rx for Understanding](#), focused on the growing problem of prescription drug abuse and misuse. The resource includes 10 cross-curricular lessons for middle school students. Aligned with [the National Health Education Standards](#) and [Common Core State Standards](#), the lessons aim to equip students with the understanding and decision-making skills they need to recognize and avoid the dangers of misusing and abusing prescription drugs. The materials were developed with the support of an educational grant from Purdue Pharma L.P.

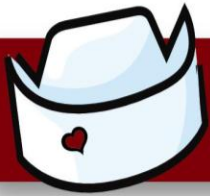
“We know that 20 percent of high school students have reported that they have taken a prescription drug without a doctor’s prescription,” said Jerry Newberry, NEA HIN Executive Director. “This behavior endangers student health and can interfere with academic success.” The materials contain ten lessons (five for grades 5-6 and five for grades 7-8) and are unbranded. Designed to be used across the curriculum, the resources are available free of charge, [in print](#) and [online](#).

Suicide and Injury Prevention Resources

[Talking about Suicide & LGBT Populations - GLSEN](#)

[Youth Suicide Prevention Resource Guide - Children Safety Network](#)

[Missouri Student Survey 2012 Report - MIMH](#)



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TRAININGS AND CONFERENCES

Drug Impairment Training for Educational Professionals (DITEP)

The Missouri Police Chiefs' Association (MPCA) is proud to announce a **"FREE"** 2 day, 16 hour (2 Legal, 2 Interpersonal, 6 Skills and 6 Technical hours) POST certified training program that is directed towards school administrators, school nurses, school staff, school based law enforcement officers (SRO or DARE) or the school based unit supervisor. The goal of this seminar is to enable education professionals to identify chemically impaired individuals and types of drugs for the purpose of ensuring a safe learning environment. All terminology and information is based on medical and scientific facts. The information we will be sharing with you is supported by research conducted in both laboratory and field studies. By participating in this seminar, you will be better able to recognize substances that are abused and impaired individuals. Once you have identified a substance abuse situation, you will be able to make referrals utilizing the appropriate resources. This training is not intended to qualify participants as drug recognition experts but is intended to aid in the evaluation and documentation of drug impairment. The information and procedures provided are for administrative purposes only and not designed as an enforcement tool.

The objectives of this training are the following:

- Describe the involvement of drugs in schools and society.
- Name the seven drug categories and recognize their effects.
- Describe drug impairment signs and symptoms.
- Properly interpret the results of your observations.

It is important to remember that the process of identifying suspected impaired individuals is an educationally oriented **SYSTEMATIC** and **STANDARDIZED PROCEDURE**. The conclusion of impairment must be based on the **TOTALITY** of information gathered through the systematic evaluation and should not be based on any one element alone. All evaluations must be done **SYSTEMATICALLY** and **COMPLETELY** in every instance except for medical emergencies. To register for upcoming training please go to our website at www.mopca.com and select **Training/Events** from the home page. Once there you can choose the training closest to you.

Training Locations & Dates:

Hannibal, MO 1/24/13 & 1/25/13
St Louis, MO 2/25/13 & 2/26/13
Carthage, MO 3/11/13 & 3/12/13
Poplar Bluff, MO 4/3/13 & 4/4/13

Child Abuse & Neglect Prevention Conference

The New River Story

April 2-4, 2013

Capitol Plaza Hotel
Jefferson City, MO

For more information visit the website at

<http://ctfupdates.learfield.com/ctf-child-abuse-neglect-prevention-conference-april-2-4-2013/>

The New River Story

Spirit, Science, Action!

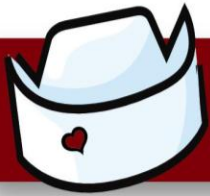
Child Abuse & Neglect Prevention Conference
April 2-4, 2013

Conference Fee & Exhibit - \$125
Conference Fee - \$95
For Profit Exhibit Only - \$50

Capitol Plaza Hotel
415 West McCarty Street
Jefferson City, MO 65101
800-338-8088

April is Child Abuse Prevention Month
April 19 is Go Blue Day

Children's Trust Fund
Research Institute for Child Abuse Prevention
Strong Families, Safe Kids ctf4kids.org



SCHOOL NURSE UPDATE

Missouri Department of Health and Senior Services

Missouri Information for Community Assessment (MICA) and Community Data Profiles Training

The Bureau of Health Care Analysis and Data Dissemination (BHCADD) offers a set of full-day trainings which cover the MICA system tools and general health statistics. All of the live trainings are provided in a computer lab so that participants can perform the demonstrations along with the instructors. Training dates for 2013 have not yet been scheduled. Each course counts for six contact hours toward re-accreditation through Missouri Institute for Community Health or six DHSS Human Resources credit hours. For a more detailed description of the courses or to access the databases, please visit <http://health.mo.gov/data/mica/mica/index.html>

Course 1: *Introduction to Profiles and MICA*

- Review of the basic statistics used in the Community Data Profiles and Data MICAs
- Hands-on demonstrations of the trend line, graphing, download, and other features
- Multiple exercises allow participants to practice the skills covered

Course 2: *Health Data Analysis*

- Demonstration of the Priorities MICA tool
- Use of Profiles and MICA data to generate other statistics, such as percentage change and years of potential life lost
- Discussion of communication strategies
- Examples of how to clearly communicate health data through a variety of presentation formats, such as tables, charts, maps, and narrative, which can be applied to grant proposals, health assessments, newsletters, health education materials, presentations, and other publications
- Creation of charts in Microsoft Excel

Course 3: *Health Data Workshop*

- Tips for working with MICA data in Microsoft Excel and transferring data and charts to Microsoft Word in order to create more effective reports
- Review quiz covering the main points from *Introduction to Profiles and MICA* and *Health Data Analysis*
- Opportunity to gather feedback from instructors and other participants on county-specific documents
- Additional data resources (U.S. Census Bureau, etc.)

The BHCADD publishes a quarterly newsletter that lists updates to the tools and training opportunities, as well as examples of how to use the tools and practice exercises.

If you would like to request a training in your area or subscribe to the MICA newsletter, please contact:

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